1									Application or Docket Number				
	PATENT	ORE)	,									
Effective October 1, 2003								10/811,583					
CLAIMS AS FILED - PART I								SMALL	ENTITY		OTHE	R THAN	
(Column 1) (Column 2)								TYPE		OR	SMÁLL	ENTITY	
TOTAL COUMS 34								RATE	FEE] /	RATE	FEE	
FOR			NUMBER FILED , NU			ER EXTRA		BASIC FI	385.00	OR	basic fei	770.00	
Ľ	OTAL CHARGE	ABLE CLAIMS	3 4 minus 20= *		• 14	4 ×		X3 9=	126	OR	X\$18=		
IN	DEPENDENT (CLAIMS	1110	minus 3 =				X43=	344	OR	X86=		
L	MULTIPLE DEPENDENT CLAIM PRESENT .									ÓR	+290=		
۰۱	f the differenc	e in column 1 is	TOTAL	855	OR	TOTAL							
CLAIMS AS AMENDED - PART II									يستني	_ ,	OTHER	THAN	
_	·		SMALL	ENTITY	_of	SMALL	ENTITY						
⋖		CLAIMS REMAINING		HIGHE	ER	PRESENT		RATE	ADDI-	V	RATE	ADDI- TIONAL	
		AFTER AMENDMENT		PREVIO PAID F		EXTRA	ll	MAIE	FEE	4	MAIE	FEE	
AMENDMENT	Total	.57	Minus	- 3		. 3		x 550	1-/	OR	X\$18=	150	
AME	Independent	1.12	Minus	/	<i> </i>	s (240	·V	OR	X86=	200	
L	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+145=			+290=		
	1, 3, 4, 5, 6, 14, 15, 18, 19, 21, 33,								-	OR	TOTAL		
	9	A	DOIT. FEE		JOR ,	ADDIT. FEE	<u> </u>						
	· /	(Column 1) CLAIMS	,	(Calum	51	(Column 3)	1	-+	ADDI-	7 · F		ADDI-	
AMENDMENT B	REMAINING AFTER		NLMBI PREVIOL		USLY	SLY EXTRA		RATE	TIONAL	H	RATE	TIONAL	
	Total 11	AMENDMENT	1.00	PAIDF	OR	1.	ŀ		FEE	łł	•	FEE	
	Total	1 0	Minus Minus	- 3:	4	-7)	L	X\$ 9=	X	OR	X\$18=		
A				TIPLE DEPENDENT CLAIM				X43=	/ · \	OR	X86=		
_		AND THE REAL PROPERTY.	CHI CE DE	LITULITY		لناوات		+145=		OR	+290=		
			TOTAL	. /	OR .	TOTAL ODIT. FEE							
	•	(Column 1)		(Columi	n·2) ((Column 3)	~	(r. THE		(·	-	
U	•	CLAIMS REMAINING	•	NUMBE	ST		Г		ADDI-	1		ADDI-	
AMENDMENT C		AFTER AMENDMENT		PREVIOU PAID FO	ISLY	PRESENT EXTRA		RATE	TIONAL		RATE	TIONAL	
NO.	Total	•	Minus	**		-		X\$ 9=	FEE	OR	X\$18=	FEE	
E E	Independent	•	Minus				-			F			
٩	FIRȘT PRESE	NTATION OF MU	X43=		OR	X86≃							
	347		•		٠.		1	145=	, ,	OA.	+290=		
1	the "Highest Nur	on 1 is less than the ober Previously Pal	d For IN THE	SPACE & K	ess than	20 enter *20 *	-	TOTAL DIT. FEE	• • •	OR .	·TOTAL		
	the "Highest Nur	nder Previously Paid ber Previously Paid	d For IN THE	S SPACE to b	RES than	3 enter'3".	, ~~		rooriste bo	~	DOT. FEEL MAIL		
	•	,											